

Amendments to the Claims

1.-48. (Canceled)

49. (Currently amended) Apparatus for gathering medical information regarding a patient and generating a billing code related to that information, including:

electronic means including:

a prompting means to repeatedly generate real-time prompts for various information including medical services being provided; and

a recording means for recording the information,

wherein said real-time prompts include:

a guiding means for guiding a physician-during an interaction with a patient and a reminding means to remind the physician-regarding specific points of inquiry relevant to further examination of the patient, and

a soliciting means to solicit underlying information regarding the details of the medical service being provided, said underlying information being usable for calculating a medical service code based upon said underlying information, said underlying information being necessary for determining and supporting the medical services code for purposes of the physician eventual billing for the services;

the electronic means further including:

a processing means for calculating intermediate values based on said recorded information; and

a processing means for using said intermediate values to generate said billing code.

50. (Previously presented) The apparatus of Claim 49, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the entering and recording of the patient information in real time.

51. (Currently amended) A method for gathering a patient's data and using that data in generating a billing code, including the steps of:

providing an electronic computer for implementing the steps of:

generating real-time prompts to prompt an information gatherer interacting with a patient to gather information that at least includes information relevant to calculating the billing code, said computer prompts including:

guiding the information gatherer during said interaction with the patient and

reminding the information gatherer regarding specific points of inquiry relevant to further examination of that patient;

soliciting underlying information usable for calculating a description of medical service being, said underlying information being independent of the description of said medical service for purposes of the eventual billing for the service;

obtaining and recording that information;

repeating said prompting, obtaining, and recording steps; and

electronically calculating a desired billing code from said gathered data.

52. (Previously presented) The method of Claim 51, further including a step before said billing code calculation, said further step comprising electronically calculating an intermediate value for some subset of the data recorded for the patient.

53. (Previously presented) The method of Claim 51 or 52, in which said electronic computer is provided in the form of a handheld computer with a touch screen interface, said

recording step involving entering the patient information in real time via said touch screen interface.

54. (Previously presented) The method of Claim 51 or 52, in which said step of calculating a billing code calculates an appropriate code from the United States Health Care Financing Administration codes.

55. (Withdrawn-Previously presented) A method of calculating a medical billing code that complies with the requirements of the United States Health Care Financing Administration, including the steps of:

- (a) providing an electronic computer or scannable form;
- (b) generating real-time prompts for prompting an information gatherer interacting with a patient to gather information via said electronic computer or said scannable form to gather information;
- (c) gathering information that at least includes information relevant to calculating the billing code;
- (d) guiding said information gatherer during said interaction with the patient;
- (e) reminding said information gatherer regarding specific points of inquiry relevant to further examination of that patient; and
- (f) soliciting underlying information usable for calculating a description of the medical services being provided rather than said prompts soliciting said information gatherer for the description itself of the medical services, said underlying information being independent of the description of the medical services for purposes of the eventual billing for the services;
- (g) obtaining and recording that information into said electronic computer or said scannable form;

repeating steps (a)-(g); and

electronically calculating a desired billing code from said gathered data.

56. (Previously presented) The method of Claim 55, in which said electronic computer is provided in the form of a handheld computer with a touch screen interface, and said recording step involving entering the patient information in real time into said electronic computer via said touch screen interface.

57. (Previously presented) An integrated electronic system for conducting a medical interview of a patient and contemporaneously calculating an appropriate government billing code based on that interview, including:

electronic means including:

a prompting means for generating real-time prompts to prompt an interviewer to make a series of inquiries for eliciting corresponding responses from the patient,

said prompting means further including:

a calculating means for calculating further prompting for inquiries to make of the patient using at least some of the preceding responses;

a guiding means for guiding the interviewer during said interaction with the patient;

a reminding means to remind the interviewer regarding specific points of inquiry relevant to further examination of that patient; and

a soliciting means to solicit underlying information usable for calculating a description of the medical services being provided, said underlying information including information independent of the description of the medical services for purposes of the eventual billing for the services;

the electronic means further including:

a recording means for recording the patient's response or other information regarding the prompted inquiry; and

a calculating means for calculating the government billing code based on information recorded from the medical interview.

58. (Currently amended) Apparatus for electronically calculating an appropriate United States Health Care Financing Administration (HCFA) billing code based on a medical examination of a patient, including:

electronic means for recording information gathered during the medical examination to support billing requirements imposed by HCFA;

electronic means for automatically determining, based upon said gathered information details, intermediate HCFA code values for sub-parts of the examination; and

electronic means for automatically determining, based upon said gathered information details, an appropriate final HCFA billing code from the intermediate HCFA code values.

59. (Withdrawn-Previously presented) Electronic apparatus for use in connection with an encounter between a medical practitioner and a patient, comprising:

electronic means for prompting the medical practitioner regarding data to be obtained from the patient regarding patient care and corresponding HCFA billing codes, said data including the individual data elements needed to calculate and derive the final billing code based on billing requirements imposed by HCFA, said data constituting more than just the final billing code for the medical services;

a data storage and access means for storing said data from the patient and providing access to:

a menu section comprising at least one of history, physical examination, and medical decision making questions, said menu section related to said means for prompting the medical practitioner;

payer mandated requirement codes;

scores based in part on results from responses to said menu section;

an algorithm for linking and processing said requirement codes with said scores; and

a resultant code based in part on said linked and processed requirement codes and scores.

60. (Previously presented) The apparatus of Claim 59, wherein said payer mandated requirement codes are Health Care Financing Administration codes.

61. (Previously presented) The apparatus of Claim 59, further comprising a timer for timing said data gathering session.

62. (Previously presented) The apparatus of Claim 59, further comprising software for enabling a user of said apparatus to self-generate questions in any particular order.

63. (Previously presented) The apparatus of Claim 59, further comprising option for noting dictation and for later appending dictated notes with said responses.

64. (Previously presented) The apparatus of Claim 59, further comprising at least one of history score, physical examination score, and medical decision making score.

65. (Previously presented) The apparatus of Claim 59, further comprising a final score, based at least in part on said history score, physical examination score, and medical decision making score.

66. (Previously presented) The apparatus of Claim 59, further including dictated and free form text information, said information is based in part on said responsive data.

67. (Previously presented) The apparatus of Claim 66, further including a final text version comprising said dictated and free form text information for at least one of said history, physical examination, and medical decision making questions.

68. (Withdrawn-Previously presented) Apparatus for compiling medical data and generating claims consistent with payer mandates, comprising:

electronic means for displaying topics of inquiry for use with a patient during a patient encounter, said topics of inquiry including at least sufficient details to support billing requirements imposed by said payer mandates, said topics of inquiry including individual data elements needed to calculate or derive the final billing code based on billing requirements imposed by HCFA;

data forms for collecting and storing data from said patient encounter, said data comprising patient responses and user generated text information based in part on said patient encounter;

a storage and access medium having:

codes representative of at least one of billing, procedure, and documentation requirements;

an algorithm for linking, comparing, and computing said collected data with said requirement codes; and

a resultant code based in part on said linked, compared, and computed data.

69. (Previously presented) The apparatus of Claim 68, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

70. (Withdrawn-Previously presented) The apparatus of Claim 68, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and algorithm for computing when said counseling time exceeds fifty percent, of said total time.

71. (Previously presented) The apparatus of Claim 69, wherein said requirement codes are Health Care Financing Administration codes.

72. (Previously presented) The apparatus of Claim 68, wherein said requirement codes are insurance requirement codes.

73. (Previously presented) The apparatus of Claim 69, 70, 71, or 72 wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

74. (Withdrawn-Previously presented) A medical electronic device for facilitating patient inquiries, for collecting and storing responses to said inquiries, and for generating documentation and claim requirements, said device comprising:

an electronic means for prompting a user with questions and inquiries and

a storage and access medium for storing responses and free text information, the storage and access medium including:

medical charts having at least one of history, physical examination, and medical decision making information;

software configured for storing Health Care Financing Administration codes, and for linking said responses with said Health Care Financing Administration codes; and

a resultant code based in part on said linked responses.

75. (Canceled)



76. (Previously presented) A process for generating documents, records, and codes in compliance with government or health insurance mandates, said process including the steps of:

- (a) providing a database of procedure and treatment requirements;
- (b) using at least one electronic input device to gather information regarding a patient based at least in part on information in said database and at least in part on one of history, physical examination, and medical decision making inquiries;
- (c) calculating scores, said scores are based in part on said requirements and related to billing codes and said gathered information;
- (d) electronically linking said gathered information, said requirements, and said scores for processing;
- (e) processing said linked information with an algorithm to compute a final score;
- (f) providing a copy of said final score and other gathered information; and
- (g) submitting said copy to a government or a health insurance entity for payment.

77. (Previously presented) The apparatus of Claim 49, 57, or 58, wherein said electronic means comprises at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable paper forms.

78. (Previously presented) The method of Claim 51 or Claim 52 or Claim 53 or Claim 54 or Claim 55 or Claim 56, wherein said electronic computer is at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable forms.

79. (Previously presented) The system of Claim 57, further including at least one scannable form for prompting inquiries.

80. (Previously presented) The apparatus of Claim 59, 60, or 68, further including at least one scannable form for prompting inquiries.

81. (Previously presented) The apparatus of Claim 49 or 58, wherein said billing code is based in part on comparing a total patient encounter time and a total patient counseling time.

82. (Previously presented) The method of Claim 51 or 55, wherein said billing code is based in part on comparing a total patient encounter time and a total patient counseling time.

83. (Previously presented) The apparatus of Claim 68, wherein the resultant code is based in part on comparing a total patient encounter time and a total patient counseling time.

84. (Previously presented) The apparatus of Claim 59, 60, 68, or 69, wherein said data includes patient counseling information and patient care information.

85. (Previously presented) The method of Claim 51, 52, or 55 further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

86. (Previously presented) The device of Claim 74, wherein said information includes patient counseling information and patient care information.

87. (Previously presented) The electronic system on Claim 57, further including inquiries relating to history, physical exam, and medical decision making, and algorithm for computing said billing code based in part on said history, physical exam, and medical decision making inquiries.

88. (Previously presented) The apparatus of Claim 49, in which at least some of said repeated prompting is determined by previous information recorded.

89. (Previously presented) The method of Claim 51, in which at least some of said repeated prompting is dependent on previous data gathered from the patient.

90. (Previously presented) The system of Claim 57, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to HCFA requirements.

91.-93. (Canceled)